

Page \_\_\_\_ of \_\_\_\_ Pages

School Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Teacher's Name(s): \_\_\_\_\_  
(List All)

## STUDENT LIST

for

### Traffic Education Programs

(Notice of Participation–Goldenrod)

(Notice of Completion–Green)

(Reimbursement Request–White)

For the Period July 1, \_\_\_\_ to June 30, \_\_\_\_

#### ATTENTION:

Return this page(s), TE04,  
with the CERTIFICATION,  
TE03, and distribute as per  
the directions found on the  
Certification, TE03.

SECTION A			SECTION B	SECTION C			
Name of Students Participating (List Alphabetically, Last Name First) (TYPE ONLY PLEASE)	Birthdate (Mo/Day/Yr)	Date Course Started (Mo/Day/Yr)	Date Course Completed (Mo/Day/Yr)	Check for All Students Completing Course			
				Successful		Waive Test	
				Yes	No	Knowledge	Driving
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